

APPLICATION FOR NEW YORK WING ENCAMPMENT									
NAME (Last Name, First Name, Middle Initial)					JOINED CAP: MMM YY		CAPID		YEAR
CAP GRADE		WING	UNIT CHARTER NUMBER		REGION		ENCAMPMENT LOCATION		
MAILING ADDRESS (Number and Street)							Applying As: Basic Cadet <input type="checkbox"/> Cadet Staff <input type="checkbox"/> Senior Staff <input type="checkbox"/> Other <input type="checkbox"/> This is my first encampment <input type="checkbox"/>		
(City)			(State)	(Zip Code)					
				-					
DATE OF BIRTH: DD MMM YY		HEIGHT	GENDER	HAIR COLOR		EYE COLOR		SOCIAL SECURITY NUMBER (Required) - -	
SCHOLASTIC ACHIEVEMENT <input type="checkbox"/> High School Graduate <input type="checkbox"/> College Years <input type="checkbox"/> Post Graduate Years		RELIGIOUS PREFERENCE ARE YOU INTERESTED IN ATTENDING RELIGIOUS SERVICES? YES <input type="checkbox"/> NO <input type="checkbox"/>					PRESENT OCCUPATION		
E-MAIL ADDRESS							(Home Phone):		
T-SHIRT SIZE (Required)							(Business Phone):		
CPPT (18 and Older Only): Completed <input type="checkbox"/> Will be completed prior to encampment <input type="checkbox"/>							(Cell Phone):		
Special Meals Required: <input type="checkbox"/> What kind? <i>(Special meals may not be able to be accommodated)</i>									
SENIORS ONLY: Full-Time <input type="checkbox"/> or Part-Time <input type="checkbox"/> Part-Time Dates:									
Basic Cadet Encampment Contract: (You will be asked to sign this when you arrive at the encampment.) <i>Prior to the encampment:</i> ➤ if not already at that rank or higher, I will attain the rank of Cadet Airman. <i>During the encampment:</i> ➤ I will participate actively in all training activities, consistently performing to the highest standards for Civil Air Patrol Cadets. ➤ I will consistently adhere to the Civil Air Patrol Manual 39-1 in a constant state of readiness for inspection. ➤ I will maintain my quarters and personal gear in accordance with the Cadet Standard Operating Procedures and Supplements. My quarters and gear will be in a constant state of readiness for inspection. ➤ I will accept and complete all academic assignments in a timely, correct, and concise manner. <i>By the conclusion of the encampment:</i> ➤ I will be able to demonstrate satisfactory performance of basic drill movements, and customs and courtesies outlined in AFMAN 36-2203 and the Encampment Ols. ➤ I will be able to perform as part of a team, cooperating with and supporting other members of the team.									
PAYMENT OF ENCAMPMENT FEES: I have included payment of \$_____ in the form of: Cash: <input type="checkbox"/> Check: <input type="checkbox"/> Money Order: <input type="checkbox"/> Credit Card: <input type="checkbox"/>									
If Paying by Credit Card Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Account Number _____ Expiration Date: (MMM YY) _____ Name on Credit Card: _____ <div style="text-align: right;">Signature of Card-holder _____</div>									

CIVIL AIR PATROL RELEASE AGREEMENT (ALL MUST SIGN)

KNOW ALL MEN BY THESE PRESENTS that I am submitting my application for Civil Air Patrol Special Activities or Encampments, and I hereby volunteer entirely upon my own initiative, risk, and responsibility for an assignment to participate in this activity of encampment at the first available opportunity and with full knowledge that such activity may include:

1. Traveling by land, sea, or air in US military, commercial, or privately owned vehicles from regular place or residence to the site of the activity or encampment, travel incident to the activity or encampment, and subsequent return to place of residence.
2. Participation in aeronautical activities as a passenger or student trainee in US military, commercial, or privately owned aircraft.
3. Living for a period of one week or more on diminished rations and minimal shelter simulating actual survival conditions.
4. Being quartered and/or subsisting away from regular or normal place of residence for an extended period of time.
5. Remaining with the cadet group I am assigned to at all times during the activity or encampment.
6. Acting as a spokesman for Civil Air Patrol, rendering reports on the activity or encampment.
7. Refraining from argumentative discussions concerning governmental policies.

In consideration of the permission extended to me by the Civil Air Patrol/United States of America through its officers and agents to participate in said activity/encampment or activities/encampments, I do hereby for myself, my heirs, executors, and administrators release and forever discharge the Civil Air Patrol, Inc./United States of America, and all its officers, agents, and employees acting official or otherwise, from any and all claims, demands, actions, or causes of action, on account of my death or on account of any injury to me or my property which may occur as a result of the negligence of the Civil Air Patrol/United States of America, its agents or employees during said activity/encampment or activities/encampments or continuances thereof, as well as all ground and flight operations incident thereto.

DATE_____
SIGNATURE OF APPLICANT**RELEASE BY PARENTS OR GUARDIAN (CADETS ONLY)**

KNOW ALL MEN BY THESE PRESENTS: WHEREBY my child has applied for the activity or encampment referred to above, In consideration of the permission extended to my child by the Civil Air Patrol/United States of America through its officers and agents to participate in said activity/encampment or activities/encampments, I do hereby for myself, my heirs, executors, and administrators release and forever discharge the Civil Air Patrol, Inc./United States of America, and all its officers, agents and employees acting official or otherwise, from any and all claims, demands, actions or causes of action, on account of the death or on account of any injury to my child which may occur as a result of the negligence of the Civil Air Patrol/United States of America, its agents or employees during said activity/encampment or activities/encampments or continuances thereof, as well as all ground and flight operations incident thereto. In addition, by my signature below, I certify the applicant:

1. Is my minor child or ward.
2. Has no history or injury or disease which might be affected by this activity except those previously noted in the Medical Information section of this form.
3. Will follow all rules, regulations, and directives as established by the Civil Air Patrol, Inc., activity project officer or encampment commander, or other staff members. If not following the above mentioned rules, regulations, and directives he/she may be sent home at the discretion of the project officer, encampment commander or activity directory at my expense.

However, in case of injury, disease or other illness, permission is hereby granted to treat the applicant as required, and if the applicant is released from the activity before recovery from said injury, disease, or illness, further treatment will be provided by myself.

DATE_____
WITNESS FOR FATHER'S SIGNATURE_____
FATHER OR LEGAL GUARDIAN_____
WITNESS FOR MOTHER'S SIGNATURE_____
MOTHER OR LEGAL GUARDIAN**SQUADRON CERTIFICATION**

I certify that the above information is correct and that all requirements for attendance will be completed by the required dates.

SQUADRON COMMANDER**WING CERTIFICATION (Required for applicants who are not members of New York Wing)**

This applicant has my permission to attend the NYW Encampment.

WING COMMANDER

MEDICAL INFORMATION - TO BE COMPLETED BY ALL APPLICANTS

NAME OF PARTICIPANT (Last Name, First Name)

CAPID

DO YOU CURRENTLY USE ANY MEDICATION? (Including eye drops)

☐ NO

☐ YES

(List any medication taken and the reason in the remarks section.)

HAVE YOU HAD OR BEEN INVOLVED IN AN ACCIDENT IN THE PAST 2 YEARS?

☐ NO

☐ YES

(Explain the extent of your injuries and treatment required in the remarks section.)

HAVE YOU HAD OR HAVE NOW ANY OF THE FOLLOWING? (If yes is answered on any items, please explain why in the remarks section with dates and physician(s) consulted (if any). Items not specifically noted below having the potential to interfere with performance during the special activity or encampment should be documented in the remarks section.)

<input type="checkbox"/> NO <input type="checkbox"/> YES Frequent or severe headaches	<input type="checkbox"/> NO <input type="checkbox"/> YES Ear infections	<input type="checkbox"/> NO <input type="checkbox"/> YES Chronic diseases like Diabetes or Bronchitis
<input type="checkbox"/> NO <input type="checkbox"/> YES Dizziness or fainting spells	<input type="checkbox"/> NO <input type="checkbox"/> YES Rupture	<input type="checkbox"/> NO <input type="checkbox"/> YES Girls only - Menstrual cramps
<input type="checkbox"/> NO <input type="checkbox"/> YES Unconsciousness for any reason	<input type="checkbox"/> NO <input type="checkbox"/> YES Positive TB skin test	<input type="checkbox"/> NO <input type="checkbox"/> YES Other illness or accidents
<input type="checkbox"/> NO <input type="checkbox"/> YES Eye trouble, excluding glasses	<input type="checkbox"/> NO <input type="checkbox"/> YES Epilepsy or fits	<input type="checkbox"/> NO <input type="checkbox"/> YES Military rejection or medical discharge
<input type="checkbox"/> NO <input type="checkbox"/> YES Hay fever	<input type="checkbox"/> NO <input type="checkbox"/> YES Kidney stones or blood in urine	<input type="checkbox"/> NO <input type="checkbox"/> YES Rejection for life insurance
<input type="checkbox"/> NO <input type="checkbox"/> YES Sugar or albumin in urine	<input type="checkbox"/> NO <input type="checkbox"/> YES Motion sickness	<input type="checkbox"/> NO <input type="checkbox"/> YES Admission to hospital
<input type="checkbox"/> NO <input type="checkbox"/> YES Heart trouble	<input type="checkbox"/> NO <input type="checkbox"/> YES Nervous trouble of any sort	<input type="checkbox"/> NO <input type="checkbox"/> YES Record of traffic convictions
<input type="checkbox"/> NO <input type="checkbox"/> YES High or low blood pressure	<input type="checkbox"/> NO <input type="checkbox"/> YES Any known allergies	<input type="checkbox"/> NO <input type="checkbox"/> YES Record of other convictions
<input type="checkbox"/> NO <input type="checkbox"/> YES Stomach trouble	<input type="checkbox"/> NO <input type="checkbox"/> YES Any drug or narcotic habit	<input type="checkbox"/> NO <input type="checkbox"/> YES Attempted suicide
<input type="checkbox"/> NO <input type="checkbox"/> YES Asthma	<input type="checkbox"/> NO <input type="checkbox"/> YES Chronic or recurring injuries	<input type="checkbox"/> NO <input type="checkbox"/> YES Medical treatment within the past 5 years other than regular office visits or physicals

IMMUNIZATIONS

FAMILY PHYSICIAN (Name, address, and phone number)

INSURANCE INFORMATION

☐

Medical
Company

☐

Liability
Company

Policy Number

Policy Number

EMERGENCY ADDRESSEE - PARENT, GUARDIAN, OR CLOSEST RELATIVE TO BE NOTIFIED IN CASE OF EMERGENCY

Name

Relationship

Address

Day Telephone

Night Telephone

REMARKS